

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	3		←	←	←		TOTAL DEP.						
TOTAL CLAIMS	5		██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████